

USEPA  
290 BROADWAY  
NY, NY

**NOTIFICATION OF DEMOLITION AND RENOVATION**  
**PAL JOB # 14-1045**

Operator Project #	Postmark	Date Received	Notification #		
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): <b>O – Original</b>					
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):					
<b>OWNER NAME: Orphan Property Per NYSDEC</b>					
Address: 625 Broadway					
City: Albany	State: NY	Zip: 12233			
Contact Name: David Chiusano	Telephone: 518-402-9831				
<b>REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services</b>					
Address: 11-02 Queens Plaza South					
City: Long Island City	State: NY	Zip: 11101			
Contact Name: Aric Domozick	Telephone: 718-349-0900				
<b>OTHER CONTRACTOR:</b>					
Address:					
City:	State:	Zip:			
Contact Name:	Telephone:				
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation): <b>R</b>					
IS ASBESTOS PRESENT? (YES NO) <b>YES</b>					
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)					
Building Name:					
<b>Address: 5200 1<sup>st</sup> Avenue</b>					
City: Brooklyn	State: NY	Zip: 11232			
<b>Site Location: Basement</b>					
<b>Building Size: 24,000 SF</b>	<b># of Floors: 2</b>	<b>Age in Years: 122</b>			
<b>Present Use: Commercial</b>	<b>Prior Use: Commercial</b>				
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM – Polarized Light Microscopy					
Approximate amount of asbestos , Including 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	R. ACM to be removed	Non-Friable Asbestos Material not to be removed		Indicate Unit of Measurement Below	
		CAT I	CAT II	UNIT	
				Linear Feet:	Ln M:
Surface Area: <b>ACM Debris Mixed With Non-ACM Brick Debris</b>	<b>24,000</b>			Square Feet: <b>X</b>	Square Meter:
Volume RACM off Facility Component				CuFt:	Cu M:
Scheduled Dates Asbestos Removal (mm/dd./yy)	Start: <b>07/25/2016</b>		Complete: <b>07/01/2017</b>		
Scheduled Dates Demo/Renovation (mm/dd./yy)	Start:		Complete:		

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:		
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.		
<b>WASTE TRANSPORTER #1</b>		
Name: Horthwith Trucks, Inc.		
Address: P.O. Box 7 Route 329		
City: North Hampton	State: PA	Zip: 18067
Contact Name: Regina Grim	Telephone: 610-261-2220	
<b>WASTE TRANSPORTER #2</b>		
Name: Mendez Trucking, Inc.		
Address: 490 Union Avenue		
City: Belleville	State: NJ	Zip: 07109
Contact Name: Juan O. Munoz	Telephone: 973-979-0100	
<b>WASTE TRANSPORTER #3 &amp; #4</b>		
Name: Environmental Protection & Improvement Company, LLC/Allstate Power Vac, Inc.		
Location: 319 Avenue P Suite 103/928 East Hazelwood Avenue		
City: Newark/Rahway	State: NJ	Zip: 07105/07065
Telephone: 973-690-6506/732-815-0220		
<b>Disposal Facility</b>		
Name: G.R.O.W.S North Landfill/Wayne Disposal, Inc.		
Location: 1000 New Ford Mill Road/49350 North 1-94 Service Drive		
City: Morrisville/Belleville	State: PA/MI	Zip: 19067/48111
<b>FOR EMERGENCY RENOVATIONS</b>		
Date and Hour of Emergency (mm/dd./yy)		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.		
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFT PART 61, SUBPART M), WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation)		
Signature of Owner/Operator		<u>07/07/2016</u> Date
I certify that the above information is correct		
Signature of Owner/Operator		<u>07/07/2016</u> Date